

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/22/2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Friends of the Monterey Bay		Organizational Unit: Department: Education Department	
Organizational DUNS: (**SEE SUPPLEMENTAL INSTRUCTIONS**)		Division: Professional Development Division	
Address: Street: 123 Main Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Jennifer	
City: Monterey		Middle Name: Stanton	
County: Monterey		Last Name: Williams	
State: California	Zip Code: 93940	Suffix:	
Country: United States of America		Email: jwilliams@friendsmb.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1 2 - 3 4 5 6 7 8 9		Phone Number (give area code) (831)333-1234	Fax Number (give area code) (831)333-5678
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 4 2 9 TITLE (Name of Program): Marine Sanctuary Program (**SEE SUPPLEMENTAL INSTRUCTIONS**)		9. NAME OF FEDERAL AGENCY: NOAA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LiMPETS: Long-term Monitoring Program and Experiential Training for Students	
13. PROPOSED PROJECT Start Date: 08/01/2004 Ending Date: 07/31/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 48,905.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 44,054.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 93,459.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mrs	First Name Theresa	Middle Name Bell	
Last Name Benson		Suffix	
b. Title Director		c. Telephone Number (give area code) (831)333-7865	
d. Signature of Authorized Representative		e. Date Signed 01/21/2004	

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Standard Form 424 (Rev. 9-2003)
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